Couch Roll

Overview

While couch roll usage can be clinically appropriate in some circumstances, much of its routine use is unnecessary and reducing it offers clear benefits for both the environment and our budget.

Between April and November 2025 NHS Lothian used:

- **28,194 rolls of couch roll**, which is **over 40 tonnes of paper.**
- The **equivalent of around 695 trees** if produced from virgin fibre.
- At a total cost of **£108,000!**

Although our couch rolls are made from 100% recycled material - producing, transporting, and disposing of them still carries a carbon footprint and uses resources that can be avoided when appropriate. Even a modest reduction will have a significant cumulative effect. **Reducing couch roll usage by just 20% would save the equivalent of 140 trees each year.**

Also, by reducing unnecessary use, we can release tens of thousands of pounds each year**, redirect savings into patient care and frontline services** as well as reducing waste handling and clinical disposal costs.

Essential points for patient safety

- Cleaning examination couches **before and after every patient contactremains essential.**
- **Couch roll should be used where the flow chart indicates a clinical need** for example, when there is a risk of body fluid contamination.

What you can do

- Follow the decision flow chart before applying couch roll
- Use couch roll only when clinically required
- Continue to clean all examination couches thoroughly between patients
- Share best practice within your team.

It's easy to do, saves money and reduces waste and carbon and costs nothing.

Frequently Asked Questions – Reducing Couch Roll Usage

Why are we reducing couch roll use?

Much routine couch roll use is unnecessary. Reducing use where there is no clinical benefit helps cut waste, lower carbon impact, and release money back into frontline patient care, while maintaining patient safety.

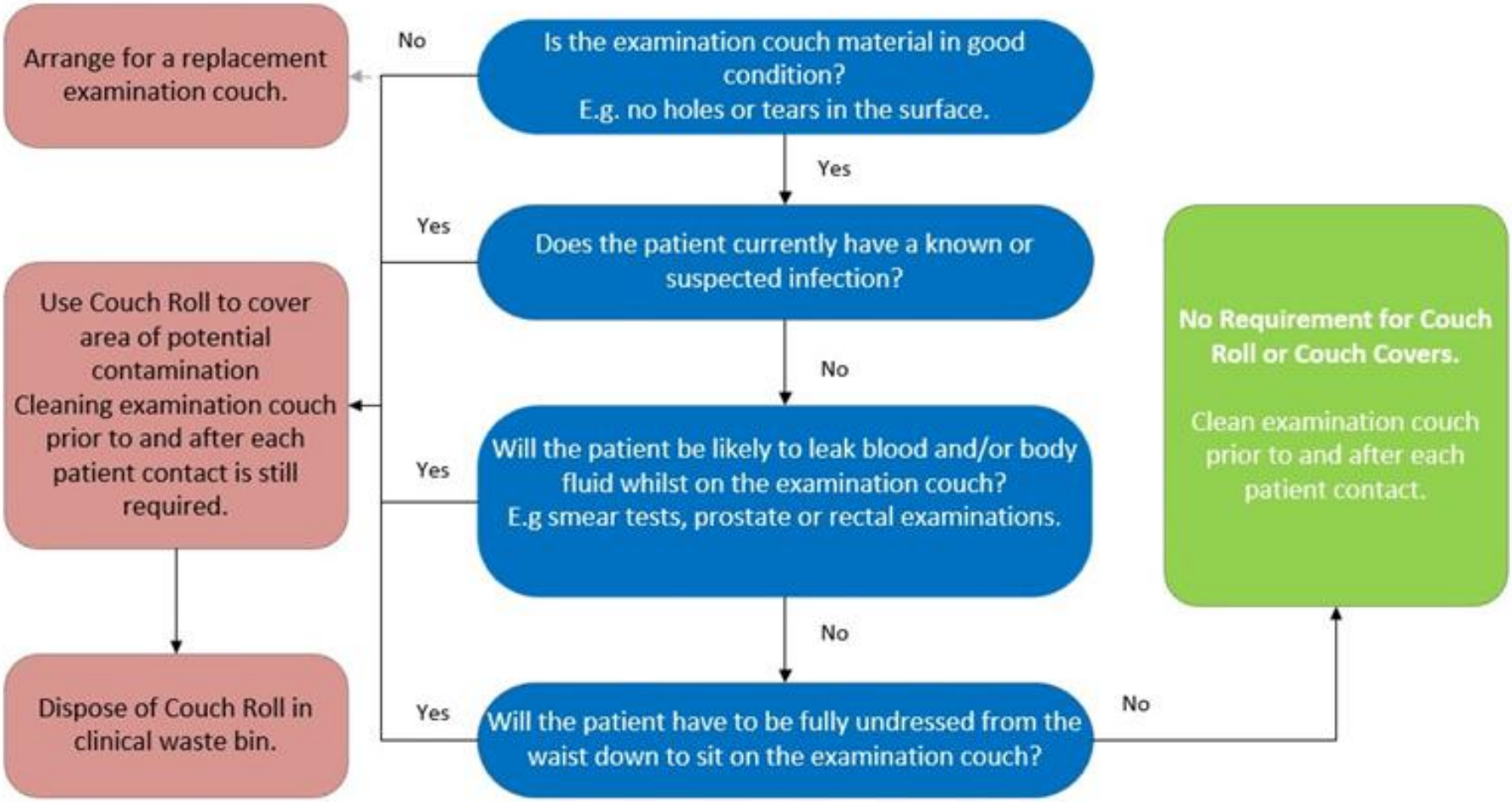
Is patient safety being compromised?

No. Patient safety remains the priority.
Couch roll should still be used when clinically required, as shown in the **decision flow chart**. All examination couches must continue to be cleaned before and after every patient contact.

Do I need to use couch roll for every patient?

No. Couch roll is not required for every examination. It should be used only when there is a clinical indication, such as risk of contamination.

Couch Roll Use: NHS Lothian guidance



http://intranet.lothian.scot.nhs.uk/Directory/EnvironmentalSustainability/CEW/Waste-Reduction/Pages/Couch-Roll.aspx

When should couch roll still be used?

Use couch roll when:

- The patient has a known or suspected infection
- There is a risk of blood or body fluid leakage (e.g. smear tests, rectal or prostate exams)
- The **flow chart** indicates a clinical need

Dispose of used couch roll in the clinical waste bin as usual.

What if the patient is fully undressed from the waist down?

Follow the **flow chart**. Couch roll may be required, depending on the clinical context. Dignity items (e.g. gowns or drapes) should still be used as appropriate.

What if the patient is fully clothed?

If the patient remains fully clothed and there is no risk of blood or body fluid contamination, couch roll is not required. Continue to ensure the examination couch is cleaned before and after the patient contact.

What if the couch surface is damaged?

Couch roll should not be used as a workaround.

If the couch covering is torn or damaged, it should be reported for repair or replacement.

Will this change infection prevention guidance?

No. IPC guidance is unchanged.

Cleaning examination couches before and after each patient remains essential, whether or not couch roll is used.

What if a patient expects couch roll?

A simple explanation helps reassure patients:

> “We clean the couch thoroughly between every patient. Couch roll is used when it’s clinically needed.”

How much difference will this make?

Even small changes matter. A 20% reduction in couch roll use would:

- Save the equivalent of around 140 trees each year
- Reduce clinical waste
- Free up tens of thousands of pounds for patient care

Who can I speak to if I'm unsure?

- Refer to the **decision flow chart**
- Speak with your line manager or IPC team
- Raise concerns via normal clinical governance routes